STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

APPLICATION FOR PUBLIC FUNDS

1 0110000000000000000000000000000000000		T					
1. CANDIDATE AND CANDIDATE COMMITTEE: (a) Candidate Name:			2. TYPE OF APPLICATION: (Check One Box)				
(a) Candidate Name.		[] Initial Public Fund Application					
		Additional Public F	und Application				
(b) Committee Name:							
(c) Mailing Address:		3. MATCHING PAYME	3. MATCHING PAYMENT PERIOD: (Check One Box)				
		[] Primary/1st Special	Election				
(d) Phone: (Bus)	(Res)	(Res) [] General/2nd Special Election					
(e) Social Security Number:							
I		he	ereby certify to the	Campaign Spending			
Commission that:		, III	steby certify to the	Campaign Spending			
	Of Compliance With Volum	ntary Campaign Expenditure Li	imits" form to come	Arr with the			
		n established for my respective	_	•			
Revised Statutes ("HRS");	iture mint for each election	in established for my respective	Office under Section	ni 11-209, Hawaii			
, , , , ,	Of Intent To Seek Qualify	ing Campaign Contributions" f	orm and have agree	ed to all the conditions			
setforth in that form;	of intent 10 Beek Quality	ing Campaign Continutions 1	orm and have agree	a to an the conditions			
3. I have qualified to be on the	e election hallot for the						
Primary/1st Special Election							
General/2nd Special Election							
4. I have received the minimum		ntribution amount of \$		for my respective			
office for this election as pr				for my respective			
_				(Entag total from			
	5. The total amount of qualifying campaign contributions received this filing is \$ (Enter total from the "Statement Of Qualifying Campaign Contributions" form, Line 2);						
		•	-1-4- 4- 4b - b4				
o. The information on this app	meation and an attached to	orms are true, correct and comp	nete to the best of h	ay knowledge.			
		Subscribed	Subscribed and sworn to before me				
		this	day of	, 19			
Candidate Signature Date		Notary Pub	olic, State of Hawaii	i			
		My commi	My commission expires:				
	FOR OF	FICE USE ONLY					
1 Total of Dallie Front C. CC.	d Ammana d Car Division	n in Datas Piti					
 Total of Public Funds Certified and Total of Public Funds Certified and 	• •	<u> </u>					
 Total of Public Funds Certified and Total of Public Funds Certified and 		_					
3. Total of Public Funds Certified and	a Approved for Distribution	n inis election					
Reviewed By	Date	Certified and Approved	By	Date			

Form CC-6 (Rev. 11/97)

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

STATEMENT OF QUALIFYING CAMPAIGN CONTRIBUTIONS

NOTE: THE COMPLETED STATEMENT OF QUALIFYING CAMPAIGN CONTRIBUTIONS FORM(S) SHOULD BE ATTACHED AND SUBMITTED WITH THE APPLICATION FOR PUBLIC FUNDS.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

	DIDATE COMMITTEE NAME:	PAGE	OI	=
DATE OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR		AMOUNT OF QUALIFYING CAMPAIGN CONTRIBUTION	AGGREGATE QUALIFYING CAMPAIGN CONTRIBUTIO
DEPOSIT	TELEPHONE NUMBER OF DONOR (REQUIRED FOR PRE-AUDIT PURPOSES)		THIS FILING	TOTAL THIS ELEC

				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
JBTOTAL OF QUA	LIFYING CAMPAIGN CONTRIBUTIONS THIS FILING (THIS PAGE)	•••••		
OTAL OF QUALIFY	ING CAMPAIGN CONTRIBUTIONS THIS FILING (LAST PAGE THIS LINE ONLY) (E	NTER THIS TOTAL	N THE APPLICATION	

STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

EXPENDITURES OF PUBLIC FUNDS REPORT

			PAGE	OF									
NO INFORMATION OR CO	PIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON F	OR THE PURPOS	E OF SOLICITING CONTRIBUTIONS OR FOR ANY CO	MMERCIAL PURPOSE.									
CANDIDATE AND CANDIDATE COMMITTEE: (a) Candidate Name:		2. TYPE OF REPORT:											
		(Check	One Box)										
		[] Prim	ary/1st Special Election										
(b) Committee Name: (c) Mailing Address:		[] General/2nd Special Election Amount of Public Funds Received This Election											
							(d) Phone: (Bus)	(Res)	\$				
DATE OF PUBLIC FUND				AMOUNT OF PUBLIC FUND									
EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VI	ENDOR	PURPOSE OF PUBLIC FUND EXPENDITURE	EXPENDITURE THIS ELECTION									
1. SUBTOTAL OF F	PUBLIC FUND EXPENDITURES THIS ELECTION (THIS PAGE	````````````````		★									
	IC FUND EXPENDITURES THIS ELECTION (LAST PAGE THE the information on this report is true, correct and comp												
04:4 0:			0.										
Candidate Signature	Date	Treasurer	Signature	Date									

Form CC-7 (Rev. 11/97)